

DENTAL OFFICIAL CONSENT

This Official Consent ("Consent") made on ____ / ____ betweeb Dental Clinic and

	("Consenter") who consents to
examination and treatment with Dental Clinic.	
The Consenter agrees to hold DENTAL CLI financial, and any other liability that includes the assigns, and their respective heirs, personal reassigns, and any and all persons, firms or contobe liable, whether or not herein named, rundersigned, but all expressly denying liability damages, actions, causes of action or suits of have or may hereafter have, arising out of or it and damages of any and every kind, to both prinjuries and damages that may develop in the fit to the Consenting Acts.	heir agents, employees, successors and epresentatives, affiliates, successors and porations liable or who might be claimed none of whom admit any liability to the ity, from any and all claims, demands, of any kind or nature whatsoever, which n any way relating to any and all injuries erson and property, and also any and all
It is understood and agreed that this Agreed complete settlement and satisfaction the camentioned herein; that this Consent contains the and that the terms of this Agreement are contraffurthermore, this Consent shall be binding up heirs, executors, administrators, personal representations.	auses of action, claims and demands ne entire Agreement between the parties; actual and not merely a recital. oon the undersigned, and his respective
This Consent shall be governed by the laws of	the State of
This Consent has been read and fully understoexplained to me.	od by the undersigned and has been
Consenter's Signature:	Date://
Print Name:	
Releasee's Signature:	

Print Name:	